Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

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		ID - For Official Use Only							
VIII. Type of Regulated Waste Activity (Ma	rk 'X' in the appropriate boxes. Refer to Inst.	ructions)							
A. Hazardous W	aste Activities	C. Used Oil Recycling Activities							
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify B. Universal W		1. Used Oil Recycling Marketer a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device a. Utility Boiler b. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) a. Process b. Re-refine							
IX. Description of Regulated Wastes (Use		and in the the above to visit in a f							
	A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)								
	4.Toxicity (List specific EPA hazardous was contaminant(s))	ste number(s) for the Toxicity characteristic							
B. Listed Hazardous Wastes. (See 40 CFR	261.31 - 33; See instructions if you need to I	ist more than 12 waste codes.)							
1 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3 4 10 10 10 10 10 10 10	5 6 11 12 12 12 12 12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15							
C. Other Wastes. (State or other wastes req	uiring a handler to have an I.D. number; Sec	e instructions.)							
1 2	3 4	5 6							
X. Certification									
I certify under penalty of law that this documer a system designed to assure that qualified pe the person or persons who manage the syste submitted is, to the best of my knowledge an submitting false information, including the positions.	rsonnel properly gather and evaluate the inf em, or those persons directly responsible fo d belief, true, accurate, and complete. I am	ormation submitted. Based on my inquiry of or gathering the information, the information aware that there are significant penalties for ing violations.							
XI. Comments									
Note: Mail completed form to the appropriate B	FPA Regional or State Office. (See Section II	ll of the hooklet for addresses)							